

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)****ATTORNEY DOCKET 85994CPK
Customer No. 01333**

To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SLIPPING LAYER CONTAINING WAX
MIXTURE FOR DYE-DONOR ELEMENT USED
IN THERMAL DYE TRANSFER

First Named Inventor (or Application Identifier):

David G. Foster, et al

Express Mail Label No.EV 293511061 USDate: July 7, 2003

Enclosed are:

1. Specification 6. Assignment of the invention to
2. Sheet(s) of drawing(s) 7. Certified copy of a priority
3. Information Disclosure Statement Under 37 CFR 1.97. 8. Associate Power of Attorney
4. Combined Declaration for Patent Application and Power of Attorney:
4a. New
4b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)
5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,
12. Please address all written communications to Paul A. Leipold, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Chris P. Konkol at (585) 722-0452.

The filing fee has been calculated as shown below:

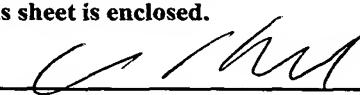
FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 750
TOTAL CLAIMS	33 - 20 =	13	x 18 =	\$ 234
INDEPENDENT CLAIMS	3 - 3 =	0	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$0
			TOTAL	\$ 984

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 984**.

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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